

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT#
(Ethics Commission filers)

2 Total pages filed:

30

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
MR. RONALDO H.
NICKNAME LAST SUFFIX
RON SEGOVIA

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

4403 GOLFVIEW SAN ANTONIO, TX
78223

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
MRS HELEN K.
NICKNAME LAST SUFFIX
DUTMER

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

739 MCKINLEY AVE SAN ANTONIO, TEXAS 78210

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 534-0987

8 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year
1 / 23 / 03 THROUGH 3 / 31 / 03

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
5 / 3 / 03
☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

N/A

12 OFFICE SOUGHT (if known)

CITY COUNCIL DIST 3

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK**COVER SHEET PG 2****14 C/OH NAME***RON SEGOVIA*

2003 APR -3 PM 4:56

15 ACCOUNT # (Ethics Commission files)**16 NOTICE
FROM
POLITICAL
COMMITTEE(S)***NA*☐ additional pages

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE☐ GENERAL☐ SPECIFIC**COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS****17 NO REPORTABLE
ACTIVITY**

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

**18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ *6562.00***EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

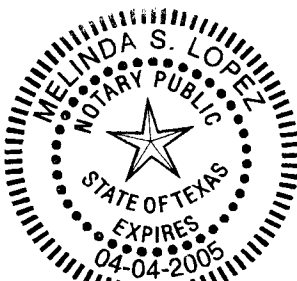
\$

4. TOTAL POLITICAL EXPENDITURES

\$

**OUTSTANDING
LOAN TOTALS**

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *24,578.43***19 AFFIDAVIT**

AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ronald Segovia
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Ron Segovia*, this the *3rd* day of *Apr*, 20 *03*, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR 1

1 Total pages Schedule E:

2 FILER NAME *Helen Dutmer*
RONALDO "RON" SEGOVIA

3 ACCOUNT # (Ethics Commission filers) *1071*

4 TOTAL OF UNITEMIZED LOANS: \$

5 Date of loan
*1-23-03*7 Name of lender
RON SEGOVIA ☐ out-of-state PAC (ID#:

9 Loan Amount (\$)

*7500.00*6 Is lender a
financial institution?
Y ☒ N

8 Lender address; City; State; Zip Code

*4403 GOLFVIEW
SAN ANTONIO, TX 78223*

10 Interest rate

11 Maturity date *NA*

12 Description of Collateral

☐ none13 GUARANTOR
INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

☐ not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#:

Loan Amount (\$)

Is lender a
financial institution?

Lender address; City; State; Zip Code

Interest rate

Y

☒ N*3/27/03*
RON SEGOVIA JEWELRY + GIFTS
4403 GOLFVIEW
*SAN ANTONIO TX - 78223*Maturity date *NA*

Description of Collateral

☐ noneGUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2003 APR 3 PM 1:57

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

11

2 FILER NAME

HELEN K. DATMER

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/18

5 Full name of contributor

☐ out-of-state PAC (ID#)

DEL RIO TORTILLAS FACTORY

6 Contributor address; City; State; Zip Code

1402 GILLETTE BLVD.
SAN ANTONIO TEXAS 78224

7 Amount of
contribution (\$)

\$500.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

OWNER

10 Employer (Optional)

Date

2/22

Full name of contributor

☐ out-of-state PAC (ID#)

MARIA L RODRIGUEZ

Contributor address; City; State; Zip Code

308 E. HARLAN
SAN ANTONIO TX 78214

Amount of
contribution (\$)

-250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/22

Full name of contributor

☐ out-of-state PAC (ID#)

LA CHINITAS LYNN 500 KAM 500

Contributor address; City; State; Zip Code

1012 AVONDALE
SAN ANTONIO, TX 78223

Amount of
contribution (\$)

-1000-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

OWNERS

Employer (Optional)

Date

2/22

Full name of contributor

☐ out-of-state PAC (ID#)

HENRY & RONNIE DBA HAR #1

Contributor address; City; State; Zip Code

1819 GOLIAD ROAD
SAN ANTONIO, TX 78223

Amount of
contribution (\$)

-100-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

OWNERS

Employer (Optional)

Date

2/22

Full name of contributor

☐ out-of-state PAC (ID#)

TENY HERNANDEZ, ATTY@LAW

Contributor address; City; State; Zip Code

732 CULBRA
SAN ANTONIO, TX. 78201

Amount of
contribution (\$)

-100-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

2000 APR - 3 PM 4:57

1 Total pages this Schedule A1:

2 of 11

2 FILER NAME

Helen K. Dutmer

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/22

5 Full name of contributor

☐ out-of-state PAC (ID#)

JOHN F. BUKOWSKI

6 Contributor address; City, State; Zip Code

102 IDELL AVE

SAN ANTONIO - TX - 78223

7 Amount of
contribution (\$)

-10-

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

2/22

Full name of contributor

☐ out-of-state PAC (ID#)

JOSEPHINE H. RODRIGUEZ

Contributor address; City, State; Zip Code

338 W HARLAN

SAN ANTONIO - TX - 78214

Amount of
contribution (\$)

-35-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/22

Full name of contributor

☐ out-of-state PAC (ID#)

CHARLES BLACKWOOD

Contributor address; City, State; Zip Code

5514 SUMMER GOLD

SAN ANTONIO - TX - 78222

Amount of
contribution (\$)

-25-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/22

Full name of contributor

☐ out-of-state PAC (ID#)

NICHOLAS M. RODRIGUEZ

Contributor address; City, State; Zip Code

502 GOLDEN CROWN

SAN ANTONIO, TX 78223

Amount of
contribution (\$)

-25-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/22

Full name of contributor

☐ out-of-state PAC (ID#)

LEROY C ALEX, JR.

Contributor address; City, State; Zip Code

3903 S. WALTERS

SAN ANTONIO - TX - 78223

Amount of
contribution (\$)

-25-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS CIOH, CIOH-SS, SC-CIOH,
SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

2002 APR -3

PM 1:57

Total pages this Schedule A1:

3 of 11

2 FILER NAME

Nelen K. Dutmer

3 ACCOUNT # (Ethics Commission file#)

4 Date

2/22

5 Full name of contributor

☐ out-of-state PAC (ID#)

SHEILA DIAN RIVAS DBA LEONS 122 HOUSE

6 Contributor address; City; State; Zip Code

1953 S W WHITE Rd
SAN ANTONIO - TX 78220

7 Amount of contribution (\$)

\$125.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

2/22

Full name of contributor

☐ out-of-state PAC (ID#)

REYES INDUSTRIES

Contributor address; City; State; Zip Code

1554 CANTRELL
SAN ANTONIO - TX 78221

Amount of contribution (\$)

-500-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/22

Full name of contributor

☐ out-of-state PAC (ID#)

LORRAINE SEGURA GUERRA

Contributor address; City; State; Zip Code

2051 W GRAMERCY
SAN ANTONIO - TX 78201

Amount of contribution (\$)

-100-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/22

Full name of contributor

☐ out-of-state PAC (ID#)

ROBERTA HICKS

Contributor address; City; State; Zip Code

4210 VALLEY FIELD
SAN ANTONIO - TX - 78222

Amount of contribution (\$)

-50-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/22

Full name of contributor

☐ out-of-state PAC (ID#)

ANTONIO H. SEGOVIA, JR

Contributor address; City; State; Zip Code

1707 SLUMBER PASS
SAN ANTONIO - TX - 78258

Amount of contribution (\$)

-100-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

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2 FILER NAME

Helen K. Dauter

3 ACCOUNT # (Ethics Commission files)

4 Date

2/22

5 Full name of contributor

☐ out-of-state PAC (ID#)

MARIO RODRIGUEZ

7 Amount of contribution (\$)

-75-

8 In-kind contribution description (if applicable)

6 Contributor address; City, State; Zip Code

909 NE LOOP 410 - STE 300

SAN ANTONIO - TX - 78209

9 Principal occupation (Optional)

10 Employer (Optional)

Date

2/22

Full name of contributor

☐ out-of-state PAC (ID#)

DR. ROBT SOLENBERG

Amount of contribution (\$)

-200-

In-kind contribution description (if applicable)

Contributor address; City, State; Zip Code

4000 WRIGHT CARPENTER Rd

SAN ANTONIO, TX 78221

Principal occupation (Optional)

Employer (Optional)

Date

2/22

Full name of contributor

☐ out-of-state PAC (ID#)

JAN RUZZA

Amount of contribution (\$)

-100-

In-kind contribution description (if applicable)

Contributor address; City, State; Zip Code

4000 WRIGHT CARPENTER Rd

SAN ANTONIO - TX - 78221

Principal occupation (Optional)

Employer (Optional)

Date

2/22

Full name of contributor

☐ out-of-state PAC (ID#)

GEORGE L VALDILLOZ

Amount of contribution (\$)

-40-

In-kind contribution description (if applicable)

Contributor address; City, State; Zip Code

18543 TAYLOR RUN

SAN ANTONIO TX

78259

Principal occupation (Optional)

Employer (Optional)

Date

2/22

Full name of contributor

☐ out-of-state PAC (ID#)

ELIZABETH L MILWARD

Amount of contribution (\$)

-35-

In-kind contribution description (if applicable)

Contributor address; City, State; Zip Code

4909 WOODSTONE DR. #1911

SAN ANTONIO - TX - 78230

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR -3 PM 4

57 Total pages this Schedule A1:

5 of 11

2 FILER NAME

Helen Dutmer

3 ACCOUNT # (Ethics Commission filers)

5074

4 Date

2/22

5 Full name of contributor

☐ out-of-state PAC (ID#)

STEPHANIE G. MERCADO

7 Amount of contribution (\$)

15

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1611 MERRIFORD LN.
SAN ANTONIO - TX 78209

9 Principal occupation (Optional)

10 Employer (Optional)

Date

2/22

Full name of contributor

☐ out-of-state PAC (ID#)

FRANCESCA M. GUILLEN

Amount of contribution (\$)

20

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5910 KNOLL KREST
SAN ANTONIO - TX 78242

Principal occupation (Optional)

Employer (Optional)

Date

2/22

Full name of contributor

☐ out-of-state PAC (ID#)

CAROLYN S. RODRIGUEZ

Amount of contribution (\$)

15

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

330 SERENADE
SAN ANTONIO - TX 78216

Principal occupation (Optional)

Employer (Optional)

Date

2/22

Full name of contributor

☐ out-of-state PAC (ID#)

HELEN DUTMER

Amount of contribution (\$)

37

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

739 MCKINLEY
SAN ANTONIO - TX 78210

Principal occupation (Optional)

Employer (Optional)

Date

2/18

Full name of contributor

☐ out-of-state PAC (ID#)

CARRIE WILBORN

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6514 LAURELHILL DR.
SAN ANTONIO - TX 78229

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS RECEIVED OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

2003 APR -3 PM 4:57

1 Total pages this Schedule A1:

60711

2 FILER NAME

Helen Dutmer

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/17

5 Full name of contributor

☐ out-of-state PAC (ID#)

OWNER?

JOHN B KING

6 Contributor address; City, State; Zip Code

4243 FAMILY TREE #201

SAN ANTONIO-TX 78222

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

2/17

Full name of contributor

☐ out-of-state PAC (ID#)

OWNER?

FAMILY TREE APTS

Contributor address; City, State; Zip Code

4243 FAMILY TREE #201

SAN ANTONIO-TX - 78222

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/17

Full name of contributor

☐ out-of-state PAC (ID#)

OWNER?

JACK V. BRURY FAMILY

Contributor address; City, State; Zip Code

4243 FAMILY TREE

SAN ANTONIO-TX - 78222

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/17

Full name of contributor

☐ out-of-state PAC (ID#)

OWNER?

ROGER CABALLERO

Contributor address; City, State; Zip Code

6123 SINCLAIR RD

SAN ANTONIO-TX 78222

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/17

Full name of contributor

☐ out-of-state PAC (ID#)

OWNER?

JOSE RENDON

Contributor address; City, State; Zip Code

1123 NAVARRO

SAN ANTONIO-TX - 78205

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS CIOH, CIOH-SS, SC-COH,
SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

2003 APR - 3

PM 1:57

1 Total pages this Schedule A1:

7-8 11

2 FILER NAME

John Dutmer

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/18

5 Full name of contributor

☐ out-of-state PAC (ID#)

*LA MISSION INFANT CARE LEARNING
CENTER*

6 Contributor address; City; State; Zip Code

*2512 SO. HACKBERRY ST
SAN ANTONIO - TX - 78210*

7 Amount of
contribution (\$)

-125-

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

2/20

Full name of contributor

☐ out-of-state PAC (ID#)

*LEON VALLEY GOLD &
SILVER*

Contributor address; City; State; Zip Code

*7074 BANDERA
SAN ANTONIO - TX 78238*

Amount of
contribution (\$)

-200-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/26

Full name of contributor

☐ out-of-state PAC (ID#)

HEAVYWEIGHT GYM

Contributor address; City; State; Zip Code

*2115 GOLIAD RD.
SAN ANTONIO - TX 78223*

Amount of
contribution (\$)

-100-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/7

Full name of contributor

☐ out-of-state PAC (ID#)

*ROMULO TREVIÑO SELF SERVE
CAR WASH INC.*

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

-500-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/7

Full name of contributor

☐ out-of-state PAC (ID#)

MARIA A GARCIA

Contributor address; City; State; Zip Code

*4404 TRAVIS COUNTRY CLUB #A3
AUSTIN - TX 78735*

Amount of
contribution (\$)

-200-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2003 APR -3 PM 4:57

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

8 of 11

2 FILER NAME

Helen Dutsoner

3 ACCOUNT # (Ethics Commission files)

4 Date

3/7

5 Full name of contributor

☐ out-of-state PAC (ID#:

VICTOR J. RIVERA

7 Amount of
contribution (\$)

\$100-

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

9138 PORT HUDSON

SAN ANTONIO-TX 78245

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/7

Full name of contributor

☐ out-of-state PAC (ID#:

PSR SECURITY, INC

Amount of
contribution (\$)

25-

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

3700 FREDERICKSBURG #203
SAN ANTONIO-TX 78201

Principal occupation (Optional)

Employer (Optional)

Date

3/7

Full name of contributor

☐ out-of-state PAC (ID#:

LARRY RICKETT

Amount of
contribution (\$)

100-

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

WILSON COUNTY

Principal occupation (Optional)

Employer (Optional)

Date

3/9

Full name of contributor

☐ out-of-state PAC (ID#:

ROBT R BENTLEY

Amount of
contribution (\$)

125-

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

161 OAKVIEW
SAN ANTONIO-TX 78209

Principal occupation (Optional)

Employer (Optional)

Date

3/9

Full name of contributor

☐ out-of-state PAC (ID#:

RON NEELEY CONSTRUCTION

Amount of
contribution (\$)

125-

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

12654 WORMAN HOLLERING@RA
SHERTZ TX 78154

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**RECEIVED
CITY CLERK
CITY OF SAN ANTONIO**SCHEDULE A1**(FOR FORMS COH, COH-SS, SC-COH,
SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

2003 APR -3 PM 4:57

2 FILER NAME

Gleen Dutmer

1 Total pages this Schedule A1:

9211

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/9

5 Full name of contributor

FABIAN'S PAINTING

☐ out-of-state PAC (ID#)

OWNER

7 Amount of
contribution (\$)

300-

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

831 FULTON ST.
SAN ANTONIO-TX 78212

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/12

Full name of contributor

RUDY + MARY RAMER

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

5107 ENCANTA, ST
SAN ANTONIO-TX-78233Amount of
contribution (\$)

250-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/3

Full name of contributor

TILLIE C. MONTALVO

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

4303 GOLFVIEW
SAN ANTONIO-TX-78223Amount of
contribution (\$)

100-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/13

Full name of contributor

WALLACE B COOK

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

1402 GREER
SAN ANTONIO-TX 78210Amount of
contribution (\$)

25-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/19

Full name of contributor

JOHN B KING

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

4243 FAMILY TREE
SAN ANTONIO-TX 78222Amount of
contribution (\$)

25-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS COH, COH-SS, SC-COH,
SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1: 10811

2 FILER NAME

Helen Dutmer

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/22

5 Full name of contributor

☐ out-of-state PAC (ID#)

Ms BARTOSH

7 Amount of contribution (\$)

-100-

8 In-kind contribution description (if applicable)

6 Contributor address; City, State; Zip Code

520 Winship Rd.
SAN ANTONIO-TX 78064

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/22

Full name of contributor

☐ out-of-state PAC (ID#)

GUADALUPE (LUPITA) BALDERES

Amount of contribution (\$)

-50-

In-kind contribution description (if applicable)

Contributor address; City, State; Zip Code

911 PRADO
SAN ANTONIO-TX 78225

Principal occupation (Optional)

Employer (Optional)

Date

3/21

Full name of contributor

☐ out-of-state PAC (ID#)

YOLANDA PURSE

Amount of contribution (\$)

-100-

In-kind contribution description (if applicable)

Contributor address; City, State; Zip Code

4510 GUADALAJARA
SAN ANTONIO TX 78233

Principal occupation (Optional)

Employer (Optional)

Date

3/22

Full name of contributor

☐ out-of-state PAC (ID#)

REBA MALONE

Amount of contribution (\$)

-50-

In-kind contribution description (if applicable)

Contributor address; City, State; Zip Code

P.O. Box 23623
SAN ANTONIO-TX - 78223

Principal occupation (Optional)

Employer (Optional)

Date

3/22

Full name of contributor

☐ out-of-state PAC (ID#)

EDWARD C. OJALLE

Amount of contribution (\$)

-15-

In-kind contribution description (if applicable)

Contributor address; City, State; Zip Code

7115 ERBY
78223

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE A1**(FOR FORMS COH, COH-SS, SC-COH,
SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

2003 APR -3 PM 4:58

Total pages this Schedule A1:

110811

2 FILER NAME

Helen Gutierrez

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/22

5 Full name of contributor

☐ out-of-state PAC (ID#)

JO ANN GUERRO

7 Amount of
contribution (\$)8 In-kind contribution
description (if applicable)

6 Contributor address;

City; State; Zip Code

9311 FERNLEN DR
SAN ANTONIO-TX- 78240

-15-

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The instruction Guide explains how to complete this form.

2003 APR - 3 Total pages Schedule F: 10

2 FILER NAME

Helen Dutmer Treas

3 ACCOUNT # (Ethics Commission filers)

4 Date

1-31-03

5 Payee name

U. S. POSTAL SERVICE

6 Payee address; City; State; Zip Code

HACKBERRY STATION

SAN ANTONIO - TX

7

Amount
(\$)

19.00

8 Purpose of payment (See instructions regarding type of information required.)

STAMPS

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

1-31-03

Payee name

U. S. POSTAL SERVICE

Payee address; City; State; Zip Code

HACKBERRY & HILLS STATIONS

San Antonio TX 78210 - 78223

Amount
(\$)

204

Purpose of payment (See instructions regarding type of information required.)

PO Box 10090 - 78210
STAMPS9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

2/25

Payee name

U. S. POSTAL SERVICE

Payee address; City; State; Zip Code

Highland Hills Station

San Antonio TX 78223

Amount
(\$)

54.60

Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

DEPTAWA'S HDWE

Payee address; City; State; Zip Code

6750 Hwy 87E

China Grove

78263

Amount
(\$)

112.1

Purpose of payment (See instructions regarding type of information required.)

Nails

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **27**

2 FILER NAME

Nelson Dytmer 2003 APR -3 PM 4:58
Treas

ACCOUNT # (Ethics Commission filers)

4 Date

2/19

5 Payee name

ALLIED ADVERTISING

6 Payee address; City; State; Zip Code

*3700 Blanco Rd
San Antonio - TX 78212*

7 Amount (\$)

-629.10

8 Purpose of payment (See instructions regarding type of information required.)

2nd Printing T-shirts

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

2/7

Payee name

Allied Advertising

Payee address; City; State; Zip Code

*3700 Blanco Rd
San Antonio TX 78212*

Amount (\$)

-145.54

Purpose of payment (See instructions regarding type of information required.)

Banners

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

*2/7
2/8*

Payee name

Allied Advertising

Payee address; City; State; Zip Code

*3700 Blanco Rd
San Antonio - TX 78212*

Amount (\$)

-3200

Purpose of payment (See instructions regarding type of information required.)

SIGNS & BANNERS

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

2/7

Payee name

SARITAS

Payee address; City; State; Zip Code

*3023 S W W WHITE Rd
San Antonio - TX 78223*

Amount (\$)

-850

Purpose of payment (See instructions regarding type of information required.)

~~STAY~~ ANNOUNCE PARTY

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR - 3 PM 1:58

1 Total pages Schedule F:

30718

2 FILER NAME

Helen Dutmer Treas

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

MUNQUIA PRINTERS

6 Payee address; City, State; Zip Code

2701 Buena Vista

San Antonio TX

78207

7 Amount (\$)

-309²²

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

PORTER POULTRY CO. INC.

Payee address; City, State; Zip Code

5475 Hwy 90 W

San Antonio, TX

78227

Amount (\$)

-1107²³

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

GILBERT Studio

Payee address; City, State; Zip Code

2310 Negolitos

San Antonio - TX 78225

Amount (\$)

-75⁵¹

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

OFFICE DEPOT #337

Payee address; City, State; Zip Code

5W Military Hwy

San Antonio TX

78214

Amount (\$)

-323³⁷

Purpose of payment (See instructions regarding type of information required.)

Photos

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2003 APR -3 PM 4:58

3 ACCOUNT # (Ethics Commission files)

2 FILER NAME

Nelson Duitmer Treas

4 Date

5 Payee name

WALTER KEILER Co

7 Amount (\$)

6 Payee address; City; State; Zip Code

1211 Pleasanton Rd
San Antonio, TX

78214

-143.80

8 Purpose of payment (See instructions regarding type of information required.)

Truck Repair

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

- Campaign Use Only -

Date

Payee name

CITY OF SAN ANTONIO

Payee address; City; State; Zip Code

CITY HALL - MILITARY PLAZA
San Antonio TX 78204

Amount (\$)

-100-

Purpose of payment (See instructions regarding type of information required.)

Filing Fee

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

ALLIED ADVERTISING

Payee address; City; State; Zip Code

3700 Blanco Rd.

San Antonio - TX 78212

Amount (\$)

-611.03

Purpose of payment (See instructions regarding type of information required.)

Signs

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

ROSE SEGOVIA

Payee address; City; State; Zip Code

4401 GOLFVIEW

San Antonio - TX

78223

Amount (\$)

-2000-

Purpose of payment (See instructions regarding type of information required.)

Repay partial loan

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

2003 APR -3 PM 4:58

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Helen Dutmer Green

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/19

5 Payee name

SPEEDY PRINT

6 Payee address;

City: State: Zip Code

1339 S W Military Dr.

San Antonio - TX

7 Amount (\$)

51.98

pd cash

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/21

Payee name

FREDDY'S Food MKT.

Payee address;

City: State: Zip Code

132 GOLIAD Rd

San Antonio - TX 78223

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

1/31

Payee name

LEROY C ALEX (DEPOSIT)

Payee address;

City: State: Zip Code

129 GOLIAD SUITE 129

San Antonio - TX 78223

Amount (\$)

100

Purpose of payment (See instructions regarding type of information required.)

DEPOSIT ON RENT

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/1

Payee name

LEROY C ALEX

Payee address;

City: State: Zip Code

109 GOLIAD Rd

San Antonio - TX 78223

Amount (\$)

2400

Purpose of payment (See instructions regarding type of information required.)

*Renton Hdgst.
FEB 1 thru MAY 1*

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
SCHEDULE F

2003 APR 3 PM 4:58

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

67

2 FILER NAME

Helena Gutierrez Treas

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/14

5 Payee name

DIRECT COMMUNICATIONS

6 Payee address; City; State; Zip Code

113 A GOLIAD RD

San Antonio TX

78223

7 Amount (\$)

601.70

8 Purpose of payment (See instructions regarding type of information required.)

Telephone material labor

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

3/12

Payee name

GREATER SAN ANTONIO CHAMBER OF COMM

Payee address; City; State; Zip Code

652 E. COMMERCE ST

San Antonio - TX

78205

Amount (\$)

35.54

Purpose of payment (See instructions regarding type of information required.)

Adm

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

3/13

Payee name

SPEEDY PRINT

Payee address; City; State; Zip Code

1339 SW Military

San Antonio TX

78227

Amount (\$)

38.84

Purpose of payment (See instructions regarding type of information required.)

Printing copy

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

3/2/03

Payee name

HEB # 1 HR PHOTOS

Payee address; City; State; Zip Code

3000 So NEW BRAUNFELS

1105 GOLIAD RD

Amount (\$)

31.55

Purpose of payment (See instructions regarding type of information required.)

Photos Develop.

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

RECEIVED SCHEDULE F
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR 1 - 5 PM 4:58 17 11

2 FILER NAME <i>Helene Dietmer Treas</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3/6</i>	5 Payee name <i>WALTER KELLER</i>	7 Amount (\$) <i>-121.41</i>	
6 Payee address; City; State; Zip Code <i>1211 PLEASANTON RD San Antonio - TX</i>			
8 Purpose of payment (See instructions regarding type of information required.) <i>Truck Exp</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <i>3/8</i>	Payee name <i>ALLIED ADVERTISING</i>	Amount (\$) <i>-629.16</i>	
Payee address; City; State; Zip Code <i>3700 BLANCO RD San Antonio - TX 78212</i>			
Purpose of payment (See instructions regarding type of information required.) <i>T Shirts - Bumper Stickers</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <i>3/7</i>	Payee name <i>MUNGUIA PRINTERS</i>	Amount (\$) <i>-700.31</i>	
Payee address; City; State; Zip Code <i>2201 Buena Vista San Antonio TX 78207</i>			
Purpose of payment (See instructions regarding type of information required.) <i>Distributing Brochures</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <i>3/6</i>	Payee name <i>MUNGUIA PRINTERS</i>	Amount (\$) <i>-978.14</i>	
Payee address; City; State; Zip Code <i>2201 Buena Vista San Antonio - TX 78207</i>			
Purpose of payment (See instructions regarding type of information required.) <i>Letter Heads & Cards</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION Guide explains how to complete this form.

2003 APR -3 PM 4:58

Total pages Schedule F:

57/11

2 FILER NAME

Helen Dietmer Turner

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/11

5 Payee name

DANIEL GIESLER

6 Payee address; City; State; Zip Code

Unknown -
San Antonio TX

7 Amount (\$)

\$ 250.00

8 Purpose of payment (See instructions regarding type of information required.)

GRAPHICS

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

3/18

Payee name

MUNQUIA PRINTERS

Payee address; City; State; Zip Code

2201 BUENA VISTA
San Antonio - TX

Amount (\$)

-302.99

Purpose of payment (See instructions regarding type of information required.)

PALM CARDS

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

3/15

Payee name

SOUTHSIDE REPORTER

Payee address; City; State; Zip Code

2203 South Hackberry
San Antonio - TX

Amount (\$)

-142.29

Purpose of payment (See instructions regarding type of information required.)

ADV.

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

3/16

Payee name

LA PRENSA

Payee address; City; State; Zip Code

PO Box 830768

San Antonio - TX

Amount (\$)

-500.00

Purpose of payment (See instructions regarding type of information required.)

ADV

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The instruction Guide explains how to complete this form.

2003 APR - 3 PM 4:58

1 Total pages Schedule F: 9 of 10

2 FILER NAME

Helen Dutmer Treas

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

3/15

GILBERTS PHOTOS

7 Amount (\$)

6 Payee address; City; State; Zip Code

2310 NOGUCHITOS

San Antonio TX

78225

MS

8 Purpose of payment (See instructions regarding type of information required.)

PHOTOS

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

3/14

SAN ANTONIO NEWS

Amount (\$)

Payee address; City; State; Zip Code

POBx 240022

San Antonio TX

78224

100

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

3/5

MUNGUIA PRINTERS

Amount (\$)

Payee address; City; State; Zip Code

2201 BUENA VISTA

San Antonio - TEX

78207

959.24

Purpose of payment (See instructions regarding type of information required.)

Door Hangers

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

3/30

OFFICE DEPOT

Amount (\$)

Payee address; City; State; Zip Code

2321 S W Military Dr

San Antonio - TX

78224

149.33

Purpose of payment (See instructions regarding type of information required.)

Env - Clip boards & Toner

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURESRECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR -3 PM 1:58

1 Total pages Schedule F:

10 2 1/2

2 FILER NAME

Helen D. Turner Fresno

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

1-30-03

OFFICE SUPPLIES

3-30-03

6 Payee address; City; State; Zip Code

VARIOUS STORES (RECEIPTS ATTACH)

-342.45-

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

2-7-03

HOME DEPOT

2-15-03

Payee address; City; State; Zip Code

3-02-03

537 FAIR AVE

(ATTACH)

2-10-03

2-8-03

San Antonio - TX

78223

-239.35-

-223.15-

-263-

Purpose of payment (See instructions regarding type of information required.)

Sign Materials

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

3/21

PRINT & COPY - INC

Payee address; City; State; Zip Code

2118 SOLID RD

San Antonio TX

78223

-421.79-

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

3/18

MONGUA PRINTERS

Payee address; City; State; Zip Code

2201 Buena Vista

San Antonio TX

78207

-302.79-

Purpose of payment (See instructions regarding type of information required.)

Flyers

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR -3 PM 4: 58

Total pages Schedule F:

11211

2 FILER NAME

Helen Rytmer Pears.

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

PORTER POULTRY & EGG Co Inc.

6 Payee address; City; State; Zip Code

5475 Hwy 90W

San Antonio TX 78227

7 Amount (\$)

910.55

8 Purpose of payment (See instructions regarding type of information required.)

Fundraiser

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

FOOD FOR VOLUNTEERS

Payee address; City; State; Zip Code

SEE ATTACH

Amount (\$)

1701.19

Purpose of payment (See instructions regarding type of information required.)

Food

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR 3 PM 4:58

1 Total pages Schedule G:

121

2 FILER NAME

Helen Dietmer-Peters

3 ACCOUNT # (Ethics Commission files)

4 Date

2-20-03
thru
3-31-03

5 Payee name

VARIOUS STATIONS

6 Payee address;

City; State; Zip Code

SEE ATTCH.
RECPTS8 Amount
(\$)468
~~302~~

7 Purpose of expenditure (See instructions regarding type of information required.)

GASOLINE & Autos

☐ Reimbursement
from political
contributions
intended

Date

2/12

Payee name

ACME LUMBER CO

Payee address;

City; State; Zip Code

202 CASA BLANCO

San Antonio - TX

78215

Amount
(\$)

1677

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address;

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address;

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address;

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)☐ Reimbursement
from political
contributions
intended

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE I

2003 APR -3 PM 4:58

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

121

2 FILER NAME

Helen Dutmer, Treas.

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/27

5 Payee name

SAN ANTONIO WATER SYSTEMS

6 Payee address; City; State; Zip Code

P.O. Box 2990

San Antonio Tex

78299-90

8 Amount (\$)

79.07

7 Purpose of expenditure (See instructions regarding type of information required.)

Water for Headquarters

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

2003 APR -3 PM 4:59

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name 6 Business address; City; State; Zip Code	7 Amount (\$)
--------	---	---------------

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date	Business name Business address; City; State; Zip Code	Amount (\$)
------	---	-------------

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date	Business name Business address; City; State; Zip Code	Amount (\$)
------	---	-------------

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date	Business name Business address; City; State; Zip Code	Amount (\$)
------	---	-------------

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

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CREDITS (optional)RECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR -3 PM 4:59

1 Total pages Schedule K.

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name 6 Payor address; City; State; Zip Code 7 Reason for credit	8 Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)

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